

13 August 1962

MEMORANDUM FOR: Chief, Medical Staff

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SUBJECT : A New Concept in Medical Staff Overseas Support

REFERENCES: (a) Memorandum For C/MS from Chairman, Medical
Technicians and Administrative Panel dtd 31 August
1961, Subject: Same

(b) Oral Request from C/MS to C/OD/MS 10 August 1962 For Comments on Reference (a)

1. The expansion of medical technician and medical service officer functions at Headquarters, assignments and stations is an evolutionary process. It is not a revolutionary action nor one accomplished by wishing or saying it is so. Fortunately, time and experience have been favorable to the hopes and ambitions of the medical technicians, as the Panel has described them. This does not always mean that hopes in terms of function, contribution, responsibility, and authority have been or will be necessarily matched by comparable wage and classification action. In general, I view the Panel's expressed hopes favorably, however, medical technicians and service officers, and lay administrative personnel must not become unrealistic to the point of believing they can hope to exceed the overall value of a physician in a medical environment nor regularly that of others who have devoted their lives to intellectual, academic, and business achievements in other environments. Their hopes are only to be realized on an individual basis and not on a unionized mass program basis. Each will at individual rates gradually rise above others as his total competence matches the existing circumstances. Some have risen and will rise above their true competence. In each case, time will seem endless, but each will have to learn that there comes a time when he has reached his proportional limit for the rest of his life.

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	2. At this time, there are several comments relative to specific paragraphs found in reference (a). Paragraph 3A (1) and (2): Physicians, as it is proper for them, continue to study the overseas clinical support program. It is quite evident that change and expansion continues. Recently, medical technicians have been added to several stations and several new independent duty medical technician assignments have developed. The technicians are accepted at some stations on an independent duty basis where a physician would not be accepted. The technicians are accepted at some stations by and non-Agency physicians, where an Agency physician would not be accepted. These observations indicate that a static situation does not exist and that it is always possible even greater numbers of senior clinically qualified men may be needed in the future.	
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probably approved list for the January 1963 class. There is little question but what the non-medical graduates of the training course would be able to learn in a few weeks the minimum that might be needed of a medical nature in order to do quite well medically with a dual assignment.

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